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AUG 0 4 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): LaPlace

Appln No.:

10/628,073

Filed:

July 25, 2003

For:

APPARATUS AND METHOD FOR

AUTOMATED FORMING OF SLEEVES

FOR SLICED PRODUCTS

Art Unit:

3721

Examiner:

Durand, Paul R.

Attorney Docket No.: 67505

Customer No.: 48940

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Confirmation No. 3498

CERTIFICATE OF MAILING BY FACSIMILE

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being sent via facsimile to (571) 273-8300 on the date shown below, and is addressed to the attention of Commissioner for Patents.

08/04/05

Date

Birmingham stration No. 1,22 ney for Applicant

AMENDMENT

Sir:

In response to the Office action of March 4, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 13 of this paper.

08/05/2005 HLE333

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AUG 0 4 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln No.: 10/628,073)

Filed: July 25, 2003)

Applicant(s): LaPlace)

Title: Apparatus and Method for Automated Forming of Sleeves for Sliced Products)

Art Unit: 3721)

Examiner: Durand, Paul R.)

Attorney Docket: 67505

48940

Confirmation No. 3498

CERTIFICATE OF MAILING BY FACSIMILE

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8/04/05 Date

Attoriey for Applicants

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450

Customer No.:

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- No additional fee is required.

Fee Calculation For Claims As Amended

| • | As Amended | | Previously Paid For | | Present Extra | | Rate | A | dditional Fee |
|-----------------------------------|---------------|-----|------------------------|--------|------------------|--------|----------|------|------------------|
| Independent Claims | 8 | _ | 5 | **= | 3 | _ x \$ | 200.00 | = \$ | 600.00 |
| Total Claims | 12 | | 28 | • = | 0 | _x \$ | 50.00 | = \$ | 0.00 |
| Fee for Multiply Dependent Claims | | | | | \$ 360.00 | | | | |
| ** At least 3 | | | | | Total A | dditic | onal Fee | \$ | 600.00 |
| * At least 20 | | | | | | | | | |
| □ Applicant(s) ass | ert entitler | nei | nt to Small | Entity | Status | | | | |

(37 C.F.R. § 1.27), thus reducing the fee by half to:

\$ 0.00

Application No. 10/628,073
Amendment dated August 4, 2005
Reply to Office Action of March 4, 2005

- A check in the amount of \$_____ is enclosed.
- Charge \$ 600.00 to Deposit Account No. 06-1135.
- The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

August 4, 2005 Date

Jon A. Birminghar Registration No.

51,222

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